

SCHOOL DISTRICT BOUNDARY APPEAL BOARD

REQUEST FOR REVIEW BY AN APPEAL PANEL

Pursuant to the provisions of Chapter 117, Wis. Stats., the undersigned,

- ☐ a majority of the electors residing in territory
☐ the owners of 50 percent or more of territory
(indicate only one)

in the School District of _____, appeal the action taken on SDBAB
Order Number _____, filed on _____, 20 _____, by the _____
School Board. An Order of Denial was mailed to the petitioner(s) and/or owner(s) and the
affected school districts by the Secretary of the School District Boundary Appeal Board on
_____, 20 _____. The undersigned elector(s) and/or owner(s) does/do hereby request
review by a three-member panel.

Dated this _____ day of _____, 20 _____.

Review requested by:

Name

Address

please print

signature

please print

signature

_____ WI _____

_____ WI _____

Deadline/Filing Fee:

Appeal must be filed with and received by the State Superintendent before March 15. Chapter 117, Wis. Stats., provides that the State Superintendent may charge a filing fee to cover the Board expenses. All appeals must be accompanied by a check or money order for \$375.00.

Mail request to:

Department of Public Instruction
Attn: Secretary, School District Boundary Appeal Board
P.O. Box 7841
Madison, WI 53707-7841